

1026

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>148</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>514</u>
Town of _____			Local Registrar No. _____
or <u>Globe</u>			
City of _____	No. _____	St. _____	Ward _____
2. Full name of child <u>George Hunter Graham Jr.</u>	If birth occurred in a hospital or institution, give its NAME instead of street and number		
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>yes</u>	6. Legitimate? <u>yes</u>
5. No., in order of birth <u>1</u>		7. Date of birth <u>Aug 8 1923</u>	Month Day Year
8. FATHER	14. MOTHER		
Full name <u>George H. Graham</u>	Full maiden name <u>Irene Adams</u>		
9. Residence (Usual place of abode) <u>Pioneer Road Globe Ariz</u>	15. Residence (Usual place of abode) <u>Pioneer Road Globe</u>		
If nonresident, give place and state	If nonresident, give place and state		
10. Color or race <u>White</u>	16. Color or race <u>White</u>		
11. Age at last birthday <u>24</u> (Years)	17. Age at last birthday <u>18</u> (Years)		
12. Birthplace (city or place) <u>Aspen Colo.</u>	18. Birthplace (city or place) <u>Kansas City</u>		
(State or country)	(State or country)		
13. Occupation <u>Machinist</u>	19. Occupation <u>Housewife</u>		
Nature of industry <u>mining</u>	Nature of industry		
20. Number of children of this mother	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>		
(Taken as of time of birth of child herein certified and including this child.)			
(a) Born alive and now living <u>2</u>			
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8 P.</u> m. on the date above stated.			
(Born alive or stillborn.)			
Signature <u>Dr. J. H. Hord M.D.</u>		(Physician or midwife)	
Address <u>Globe Ariz</u>			
Given name added from a supplemental report _____		Filed <u>8-10-23</u> <u>B. G. Fox</u> Local Registrar.	
Month, day, year.		Filed <u>9-1-23</u> <u>B. G. Fox</u> County Registrar.	
Registrar.			

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